



NEIGHBORHOOD ASSOCIATION REGISTRATION APPLICATION FORM

Please submit the following with the application.

- A map or written description of your neighborhood boundaries.
- A list of your officers, their addresses and telephone numbers. (Email addresses are optional, but appreciated.)
- A SIGNED copy of the adopted by-laws.
- A list of your neighborhood association's goals (Tell us what you hope to accomplish)
- A list of all annual community events or fun activities.

If any bold items are missing, your application will be incomplete.

PART A: NEIGHBORHOOD ASSOCIATION INFORMATION

Name of Neighborhood Association: _____

City Council District(s): _____

Meeting Location: _____

Meeting Date: _____ Meeting Time: _____

Election of Officers (Month): _____ Length of Term: _____

Date the Association Was Founded: _____

Membership (*Please circle your response*): Voluntary Mandatory

No. of Neighborhood: Assn. Members # _____ Housing Units # _____ Population # _____

PART B: POINT OF CONTACT INFORMATION

Please print clearly. This information will be used for all correspondence, including notification of zoning cases for registered neighborhood associations within 200 feet of a zoning case and listed on the City of San Antonio Neighborhood Association listing website. Try to find a resident or business that will allow your association to use their fax machine.

Contact Name: _____

Mailing Address: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Neighborhood Association Web Site: _____

PART C: COMMUNITY OUTREACH

Please circle your responses.

- Is your neighborhood in a Historic District? Yes No If yes, which one _____
- Does your neighborhood association publish a newsletter? Yes No
If yes, please add the Planning & Development Services Department to your newsletter mailing list.
- Would you like information on the "Neighborhood Conservation District" program? Yes No
It is a planning tool to assist in the compatible development of new construction or additions to property, conservation and enhancement of the physical environment, etc
- Do you know your SAFFE Officer? Yes No
- Do you participate in the Good Neighbor (Neighborhood Watch) Program? Yes No
- Do you participate in Cellular on Patrol? Yes No

I have reviewed the attached Neighborhood Registration Policy and agree to abide by this policy.

Signature _____

Title _____ **Date** _____

PLEASE RETURN YOUR COMPLETED FORM AND ATTACHMENTS TO THE ABOVE ADDRESS